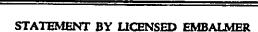
| 5. No.SC | î II | JAN 2 1951 THE DIVISION OF HEALTH OF MISSOURI | | | | | | | | | | |
|--------------|-------|---|---|---|--|--------------------------|-----------------------|----------------------------|---------------|---------------------------------------|--|--|
| v. 10.48 | | STANDARD CERTIFICATE OF DEATH State File No. 42454 | | | | | | | | | | |
| ir in i | | 81RTH NO | | REG. DIST. NO. | <u>318</u> | | мо. 10 |)03 _{.Registr} | rar's No | 10773 | | |
| 1 | | 1. PLACE OF DEA | ATH | | | 2. USUAL RESIDE | DENCE (W | Vhere deceased lived | ed. If instit | itution: residence before admission). | | |
| ı | | b. CITY (If outside eq | corporate limits, write | RURAL and give C. | LENGTH OF | ///5 | S S O C | 121 | l sive townsh | | | |
| Q. | ڍ | _ TOWN ST L | Louis. 1 | Mo township! ST. | TAY (in this place) | 6 town STL | Louis | s . M | 0 7 | 2069 | | |
| RECORD | , | INSTITUTION | 5545 | or institution, give street add | | d. STREET ADDRESS | (If rural, e | Eive location | / .s | 0 | | |
| | l II | 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Mi | fiddle) | Kessels | • | 4. DATE (1) OF DEATH | Month) | (Day) (Year) | | |
| ERMANENT | | 1 | COLOR OR RACE | E 7. MARRIED, NEVER | <u> </u> | 8. DATE OF BIRTH | ann | 9. AGE (In years) | | | | |
| RMA | | 10a. USUAY OCCUPATIO | ON (Give kind of wor | *k 10b. KIND OF BUSI | SINESS OR IN- | 11. BIRTHPLACE (State of | or foreign or | 73 | <u> </u> | | | |
| PER | ; | done do he most of works | dag life, even if retired) | " Own Hon | DUSTRY | melos | a. | m | 0 | 2. CITIZEN OF WHAT | | |
| ` 4 | 1 | JOSED H | Gimbe | el Kath | HER'S MAIDEN | Not meier | 14. NAME | E OF HUSBAND | OR WIFE | | | |
| MAKE | | 15. WAS DECEASED EVE (Yes. no or unknown) (II | li yee, give war of date | D FORCES? 16. SOCIA | AL SECURITY NO. | 17. INFORMANT'S | SIGNA | TURE OR NA | | ADDRESS | | |
| | | 18. CAUSE OF DEATH | No | | MEDICAL C | ERTIFICATION | sear | us | 55 | / - / | | |
| INE | | Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR C DIRECTLY LEAD | CONDITION ADING TO DEATH*(a) | Orlerio | Selectic Des | A Dia | ur _ | | INTERVAL BETWEEN ONSET AND DEATH | | |
| ACK | : | *This does not mean the mode of dying, such | ANTECEDENT C | ons, if any, ciping DUE TO | то (в) | distribus bulli | Distriction bullities | | | F has | | |
| BLA | | as heart failure, asthenia, etc. It means the dis- | rise to the above of the underlying ca | e cause (a) stating cause last. | • 0 ₃ . W | 0.02 | | | | | | |
| S | | case, injury, or complica- tion which caused death. | | DUE TO NIFICANT CONDITIONS | | Jernery | | | | J. shr | | |
| VDI | | | Conditions contri related to the disco | ributing to the death but not sease or condition causing d | of death. | <i>,</i> | · | | | / | | |
| UNFADING | | 19a. DATE OF OPERA- TION | 19b. MAJOR FIN | NDINGS OF OPERATION | - | | | | | 20. AUTOPSY1 | | |
| • | * | 21a. ACCIDENT SUICIDE | (Specify) | 216. PLACE OF INJURY | (e.g., in or about | 21c. (CITY, TOWN, OR TO | FOWNSHIP) | COUN | | YES NO | | |
| SING | . II₋ | HOMICIDE | <u>,,</u> | home, farm, fastory, street, o | | | · . | | | | | |
| | | ZIG. TIME (Month) OF INJURY | (Day) (Year) | (Host) 21e, INJURY WHILE AT WORK | NOT WHILE AT WORK | 21f. HOW DID INJURY C | OCCUR7 | | | YesX | | |
| AINLY | . | 2. I hereby certify that I attended the deceased from, 1946_, to, 1950_, that I last saw the deceased alive on (12-1-, 1950_, and that death occurred at 6035 from the causes and on the date stated above. | | | | | | | | | | |
| A | Ŀ | 23a. SIGNATURE | n Scott | n, D, (De | egree or title) | 236. ADDRESS 3257 d afor | on ito | ٤ . | . 2 | 23c. DATE SIGNED | | |
| WRITE | | 24a. BURIAL, CREMA- HON, REMOVAL (Bredly) | 246. DATE | in KESS | de P | • | Ad, LOCATIO | ION (City, town, | or county) | (State) | | |
| ۲ | | DATE REC'D BY LOCAL | L REGISTRAR'S S | SIGNATURE | | 25 FUNERAL DIRECTO | . , | SHATURE | ADDR | RESS | | |
| | L | OEC 18 機能 | 15 | Tasacon | <u>ا د د د د د د د د د د د د د د د د د د د</u> | Achrader | <u>ي</u> | callerin | <u> </u> | no | | |
| | | | • | (Licensed | Embalmer's Str | stement on Reverse Side) | , | | | | | |





| I hereby certify that the body whose r | ame is recorded on the reverse side of this | certificate | was emba | almed by me, | or by | |
|--|---|-------------|----------|--------------|-------|--|
| | | | | | | |
| working under my personal supervision. | • | Student | Embalmer | No | | |

Licensed Embalmer No. 4053

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

"the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.